

Registration District No. **431**

Primary Registration District No. **3013**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **27 yrs** (Specify whether years, months or days) **20**

3. (a) PRINT FULL NAME

Mattie Winston

3. (b) If veteran, name war **no**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Robert Winston**

6. (c) Age of husband or wife if alive years **27** (Day) **1869** (Year)

7. Birth date of deceased **Mar** (Month)

27 (Day) **1869** (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	8	hr. min.

9. Birthplace

Unknown Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

MOTHER FATHER

12. Name **Wm Wheeler**

13. Birthplace **Unknown Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Salust**

15. Birthplace **Unknown Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs R. B. Hacker**

(b) Address **606 Broad St Warrensburg**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov - 6 - 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney - Phillips**

(b) Address **Warrensburg, Mo**

19. (a) **Nov 6 - 1940** (Date received local registrar) (b) **Bertie Gentry** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** - day **5**
year **1940** hour **8:45** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____?
that I last saw him alive on **11 - 5 - 1940**, 19____?
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis**
Duration **4 1/2**
Due to _____
Due to **4 1/2**

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **Cardiomegaly - 1934**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **Wm Wheeler** (M. D. or other) **MD**
Address **Warrensburg, Mo** Date signed **11-5-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

GOV. 5-17-39 I 101911

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 12-5-40
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl Priest....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Waukesha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.